Division of Workers' Compensation P. O. Box 420603 San Francisco, CA 94142

PRSRT STD U.S. POSTAGE PAID CONCORD, CA PERMIT #473

Return Service

### THE 11<sup>TH</sup> ANNUAL DWC EDUCATIONAL CONFERENCE

New Hotel: Sheraton Gateway Hotel LAX February 18-19, 2004

Oakland Marriott March 1-2, 2004



In Association with the International Workers' Compensation Foundation, a non-profit corporation dedicated to workers' compensation research and education.

# The 11<sup>th</sup> Annual Division of Workers' Compensation Educational Conference

Day 1 February 18, 2004 (Los Angeles) March 1, 2004 (Oakland)

10:00 to 12:30	Registration
12:30 to 1:00	General Session
1:30 to 5:00	Breakout Sessions
5:00 to 6:30	Reception – No Host Bar

Day 2 February 19, 2004 (Los Angeles) March 2, 2004 (Oakland)

7:30 to 8:30	Continental Breakfast
8:30 to 12:00	Breakout Sessions
12:00 to 1:30	Lunch and Keynote Presentation
1:45 to 4:00	Breakout Sessions

Exhibitors are invited to apply for conference vendor booths on a first come, first-serve basis. Parties interested in exhibiting should contact Bob Collyer at the International Worker's Compensation Foundation (386-304-1993) for more information. Net proceeds from this event, if any, go to IWCF FEIN 35-1737364



Employers, attorneys, claims professionals, rehabilitation counselors, medical providers and anyone interested in California's workers' compensation system will find valuable information at the 2004 Division of Workers' Compensation Educational Conference. The conference features a variety of workers' compensation experts from the Division of Workers' Compensation, other state and public agencies and the private sector.

### A Partial List of Scheduled Topics To Include:

- Permanent Disability Schedule Update and Rating Recons
- CHSWC/RAND PD Study
- Lien Claim Filing Fees
- VR Settlements/Supplemental Job Displacement Benefit
- WCAB Rules, P&P, and Accommodations
- Managed Care & Quality of Care
- Case Law Update
- Reconsideration Process
- Audit Procedures and What Every Adjuster Should Know
- Fee Schedules (Medicare, Medi-Cal)
- Workers' Compensation Information System
- A.D. Requests for Change of Treating Physicians
- Utilization Review & ACOEM Guidelines
- CIGA Update
- Medicare Set Asides
- ABC's of Carveouts





## THE 11<sup>TH</sup> ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

### **Hotel Registration**

Conference rates are \$109 at the Sheraton Gateway Hotel and \$140 at the Oakland Marriott. Room block and rate is limited, therefore reservations should be made at least 30 days before the event. When making hotel reservations please request the group rate for the **Division of Workers'**Compensation Educational Conference. Contact the hotels directly for their early departure and cancellation fees.

New Hotel: Sheraton Gateway Hotel (310) 642-1111 6101 W. Century Blvd., Los Angeles (at LAX)
Oakland Marriott (510) 451-4000 1000 Broadway, Oakland

#### **Conference Registration**

Includes all sessions, conference binder, tote bag, lunch, and continental breakfast. Contact IWCF at (386) 304 - 1993 for conference registration information. Contact (415) 703 - 4623 for general conference information.

\$300 Earlybird registration before January 1st.

\$325 Registration before February 1st.

\$350 Late registration after February 1st (if available). Please photocopy to register more than one person.

Cancellation without notice (no-show) subject to full forfeiture of registration fee.

Cancellation with notice after February 1st subject to \$50 administrative fee. NO GROUP RATES. Conference registration is limited. First come, first served.

Continuing Education Units									
CEU application	s are pending for a	pproval before these o	rganizations:						
☐ MCLE	$\Box$ CRC	$\Box$ CDMS	☐ CCM						
☐ IMC	□ BRN	☐ LEGAL SPECIALIZATION							
Conference Regi	istration Form								
		Send this form and check payable IWCF (credit cards not accepted)							
				25 Lazy Eight Dr. Port Orange, Florid	• ,				
FIRST NAME:				<b>O</b> .	FAX (386) 304 - 8820				
	(Please PRINT your name as	you wish it to appear on your name tag.)	<del></del>	,,	(,				
FULL NAME:									
COMPANY:									
STREET ADDRESS:									
CITY, STATE, ZIP:									
PHONE:									
E-MAIL:									
Please designate the o	conference that you will a	attend:							
LOS ANGELES	S • OAKLANI	)							

Individuals attending the conference who may need auxilliary aids or specialized services, are requested to provide notice of their needs when registering so that appropriate arrangements can be made. (Arrangements should be requested no later than 20 days before the conference.)